## **CHAPTER X: FEATURES OF ACUPUNCTURE ACTION**

So with that brief primer on functional imaging, let's talk about acupuncture and how we're approaching it. There are certainly people in this audience that know much more about the features of acupuncture than I do. But my mentors over many years, Kathleen Hui, Wu Ming Teng and others, who have begun to teach me that there are certain, common features that seem to characterize many of the properties that we characterize as being common to acupuncture.

First, both in clinical practice and in our current understanding of the potential therapies of acupuncture, the effects of acupuncture seem quite diversified. And it may well be that the traditional specificity of acupoints may be more relative than absolute and I'll actually show you some data to that effect.

The quote, I won't try to pronounce it in its native tongue, but basically speaks exactly to that point, that as one disorder can be treated with multiple acupoints, the same acupoint can be used to treat many different disorders, so there's diversity of local response and potential therapeutic effects.

The other is that the acupuncture response, at least in many traditions, the Chinese tradition especially, is related to the so-called *de qi*, or the acupuncture sensation, which as I'll describe is distinct from other kinds of sensations that we would normally experience if somebody were, say, tapping on a particular point with a sharp object or stabbing us with a sharp object.

Finally, the effects seem to be modulatory and as I describe here, multifactorial, that there are -- rather than kind of a quick and absolute, it seems to affect systems in multiple ways. For example, modulation of pain threshold, the tolerance threshold may be as important as the lowering of the perception of pain in surgical anesthesia. So the question is given all these diversity of responses, how can we begin to connect the dots to come up with some kind of unifying neurobiological hypothesis?